

Revised December 1974

# CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR  
999000516

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): WESLOCK Code No.       
Pick up Address: 13344 S. MAIN ST  
(Number) (Street) (City)  
Telephone Number:      P.O. or Contract No.:       
Order Placed By:      Date: 8-14-80  
Type of Process which Produced Wastes:       
(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Quarry waste               |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Sludge waste               |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water              |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify)      Code No.     

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: ppm
1. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
2. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
3. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
4. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
5. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>
6. <u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>

## Hazardous Properties of Waste:

pH 4.00 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume: 4000 gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)       
Containers:      (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)       
Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)       
Special Handling Instructions (if any):     

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No. 21  
Business Address: P.O. Box 59389 L.A. Calif 90059  
(Number) (Street) (City)  
Telephone Number: 757-1855 Pick Up:      (Date) Time:       
State Liquid Waste Hauler's Registration No. (if applicable): 485  
Job No.: 1673 No. of Loads or Trips: 1 Unit No.: 2

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type):      Code No.       
Site Address:     

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

## Handling Method(s):

- ☐ recovery  
☐ treatment (specify):       
☐ disposal (specify):      (Examples: incineration, neutralization, precipitation)--Code No.       
☐ pond ☐ spreading ☐ landfill ☐ injection well  
☐ other (specify):

If waste is held for disposal elsewhere specify date and location     

Disposal Date: 8-18-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title     

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title Robert H. Hest

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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